

FLC-004 (R 12/07)

IDAHO DEPARTMENT OF LABOR Wage and Hour Section

FARM LABOR CONTRACTOR'S LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY. <u>EACH AND EVERY QUESTION MUST BE ANSWERED, OR YOUR APPLICATION WILL BE RETURNED TO YOU AS INCOMPLETE.</u>

1.	APPLYING FOR: (C	Check one) 2. [FEE ENCLOSED: (Check one)						
	□ NEW LICENSE □ LICENSE RENE	` '	☐ YES ☐ NO						
3.	TYPE OF BUSINES	S ENTITY: (Check one)							
	□ Sole Proprietor □ Partnership of individuals □ Corporation □ Limited Liability Partnership of individuals □ Limited Liability Company								
<u>AF</u>	PPLICANT INFORMA	TION							
4.	Applicant's Name: _	(First)	(Mi-Lalla)	(1 a a t)					
		(First)		(Last)					
٥.	nome /laaress		(Street)						
6	Home Phone: ((City)	(County) 7. Date of Birth:	(State)	(ZIP)				
	•	ber:							
 Bl	JSINESS INFORMAT	<u> </u>							
9.	Business Name:								
10	If no business nam								
	(Street)								
	_	(City)	(County)	(State)	(ZIP)				
11	L. Business Phone: ()	12. FAX (if applicable):	()					
13	3. Mailing Address (if	different than #5 or #10)):(Street))					
	_	(City)	(County)	(State)	(7IP)				

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14. Idaho Address (<u>Required</u> if out of state applicant):	(Street)		
(City)	(County)	(State)	(ZIP)
15. List any and all other addresses and telephone numbers space is needed, attach information on additional sheet. (Addresses)		ling cell phone and pa (Telephone Nu	
16. Federal Employer ID Number:			
17. State Unemployment Insurance Account Number ("SUI")	:		
18. What percentage of the company or business do you ow	/n?	%	
19. List full names, addresses, and telephone numbers of a shareholders, profit-sharers, associates or members in t contractor, together with the amount or percentage of th <u>financial interest, check box below</u> . (If more space is need.)	the applicant' ne respective	s proposed operations interest of each. If no	s as a labor other persons have a
#1		#2	
Name			
Street Address			
City, State, Zip			
Percentage of Interest			
☐ NO OTHER PERSONS HAVE A FINANCIAL INTEREST			
20. Have you or any of the individuals listed above ever had	a farm labor	contractor's license w	hich has been
denied, revoked or suspended? (Check one)			
☐ YES (If yes, attach details) ☐ NO			
21. Are you a defendant in any court actions or administration of the second of the se	ve proceedinį	gs? (Check one)	
22. Are there any judgments or administrative orders of recommon YES (If yes, attach details)	ord against yo	DU? (Check one)	

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23. Do you provide, or will you provide, housing for your workers? (Check one) YES (If yes, attach details, e.g., camp, motel, house, etc.) NO	
VEHICLE INFORMATION (If applying for an employee endorsement, it is not necessary to comp	lete this section.)
24. Will you be using vehicles in the operation of this farm labor contracting business? (Che	ck one)
YES (If yes, you <u>must complete and submit the enclosed vehicle information sheet a insurance for each and every vehicle used to transport workers with this application</u>	
□ NO	
25. Will any vehicles be used to transport workers?* (Check one)	
 YES (If yes, you <u>must complete and submit the enclosed vehicle information sheet a insurance for each and every vehicle used to transport workers with this application</u> NO 	
26. Vehicle information sheet submission (Check one)	
☐ Vehicle information sheet enclosed	
☐ Not applicable/vehicle information sheet not required	
27. Certificate of insurance for vehicle(s) (Check one)	
☐ Certificate(s) of insurance enclosed	
\square Not applicablevehicles not used in farm labor contracting activities	
*Note: Any additional vehicles acquired during the course of the license year must be reported a certificates provided.	nd applicable insurance
CERTIFICATE OF WORKERS' COMPENSATION COVERAGE (If applying for an employee end necessary to complete this section.)	dorsement it is not
28. Workers' compensation certificate of insurance enclosed	
☐ Not applicable	
PROOF OF FINANCIAL RESPONSIBILITY INFORMATION (If applying for an employee endors complete this section.)	sement it is not necessary to
29. What is the maximum number of employees you intend to employ at any time during the (Jan. 1 – Dec. 31) covered by your license? (Check one)	ne next calendar year
0 - 20 employees (\$10,000 bond or equivalent required)	
21 or more employees (\$30,000 bond or equivalent required)	
30. Proof of financial responsibility <u>must be submitted with this application</u> . What type of presponsibility are you submitting? (Check one)	proof of financial
Corporate surety bond	
Cash or equivalent of cash deposit	

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NOTARIZED STATEMENT

As an applicant for a farm labor contractor's license, I state on oath that:

- 1. The information provided on pages 1-3 is true and correct;
- 2. I will provide written notification to the Wage and Hour Section of the Idaho Department of Labor of any changes in circumstances pertaining to the information provided in this application;
- 3. I will at all times conduct the business of a farm labor contractor in accordance with all applicable laws of the state of Idaho and rules of the Idaho Department of Labor;
- 4. With regards to any action filed against me concerning my activities as a farm labor contractor, I appoint the Director of the Idaho Department of Labor as my lawful agent to accept service of summons when I am not present in the jurisdiction in which such action is commenced or have in any other way become unavailable to accept service.

THIS FORM MUST BE NOTARIZED. Please sign this form only in the presence of a notary public.

Applicant's Signature and Title		Date Signed	
SUBSCRIBED AND SWORN TO before me this	day of		
		Notary Public Residing at: My commission expires	

MAIL COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTATION TO:

FLC Licensing Coordinator Idaho Department of Labor 127 W. Fifth St., N. Burley, ID 83318 (800) 843-3193

IDAHODEPARTMENT OF LABOR